

attempt to greatly simplify the subject and to group all mosquitoes into two classes, namely "Inland" and "Salt Water Swamp" mosquitoes, he has been forced to sacrifice some degree of accuracy. In most instances, for a popular volume of this character, the feature mentioned is not of serious practical importance, but on the other hand, when this brevity leads to the apparent but erroneous inference that various species of *Culex*, *Stegomyia* and *Anopheles* (all grouped under his classification as "Inland" mosquitoes) have about the same breeding places, the purpose of the book, to encourage the extermination of the mosquito, is defeated. It is probable that this volume might be profitably utilized in the upper grades of our grammar schools and thus diffuse more knowledge of the importance of this insect among the pupils of such institutions. It is hardly conceivable, however, that any adult seriously interested in the subject would care for knowledge of as superficial a character as this book furnishes. The writing is too popular and elementary to be properly regarded as forming a part of medical literature.

Diseases of the Stomach, Intestines, and Pancreas.

The New (2nd) Edition, Enlarged. By Robert Coleman Kemp, M. D., Professor of Gastro-intestinal Diseases, New York School of Clinical Medicine. Second edition, revised and enlarged. Octavo of 1021 pages, with 388 illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, \$6.50 net; Half Morocco, \$8.00 net.

This is a book of 1000 pages which contains an enormous amount of information on the subject. In fact, the main fault we have to find with the book is that too much has been included. Like so many other clinicians who write books of this type, Dr. Kemp should sit at the feet of Stevenson, who told a young writer that his success would be assured if he could only learn what to omit. So many authors lose sight of the fact that we are going to turn to them, as we do to a consultant—not to learn what every one through the ages has used for a disease, but what this particular master whom we know and respect has honestly found to be of service. We wish that medical authors would briefly outline their usual treatment, if possible telling frankly what they think of its efficacy, and then refer us to a separate chapter—a sort of "junk-room" where we could find enumerated all those measures which, having once been rushed into print, are handed along from book to book.

On page 397, under the head of "Treatment of Acquired Stenosis of the Pylorus," we find mentioned in the following order: Vibratory massage, electricity, olive oil, Rose's plaster belt (to be worn for five weeks and then replaced, the patient apparently to give up the custom of bathing in the meantime), diet (sanatogen! tropon! and comatose!), lying on the right side, lavage, alkalies, belladonna, thiosinamin, and, finally tucked away at the foot of the page—"the best physician for these cases is the surgeon."

The article on gastric ulcer is on page 268 where pyloric stenosis is barely mentioned amongst the indications for operative treatment, and then only after thirteen pages of medical suggestions. The article on duodenal ulcer is found 420 pages farther on, and here at last we find that "all cases of organic stricture are surgical and gastroenterostomy is indicated." In a book for the general practitioner such points should be salient and not hidden away in a mass of therapeutic rubbish. A great deal of space could have been saved by combining the three articles in one. There the author's favorite treatment could be outlined as follows: "The treatment of organic stricture of the pylorus is surgical." Note—if the patient refuses operation, either withdraw from the case or turn to chapter—for remedies with which to amuse him till he either starves to death or dismisses you.

A great deal of repetition in the matter of treatment could be avoided by having one good chapter on dietetics, another on overnutrition and the handling of so-called nervous disorders of the stomach and intestine, another on the care of ulcer, stomach, duodenal and pyloric; and another, as suggested, for electricity, vibrations, hydrotherapy, phototherapy, mechanotherapy, etc. Dr. Kemp has carefully collected them all. The phrase "Sanatogen, preferably flavored, tropon and somatose" has apparently been put in all over the book with a rubber stamp. The author's faith in Sanatogen is so great that on page 165, we read that milk must be peptonized for nutrient enemas but Sanatogen, which he doesn't seem to know is really dried cottage cheese, is apparently so nutritious that it can be digested without such preliminaries!

Apparently Dr. Kemp's faith in nutrient enemata has been untouched by the doubts of modern physiology. Those who know that proteid is broken into its amino-acids only after partial splitting by pepsin, further cleavage by trypsin and ultimate resolution by erepsin and bacterial ferments; those who know that only amino-acids can go through the intestinal wall, and that the body cannot use some of them in the absence of others; those who know that outside of the cecum the colon absorbs very little and contains no ferments of its own, and those who weigh their patients regularly, will have very little hope of maintaining a nitrogenous balance with raw eggs, brandy, peptonized milk, sanatogen and peptonoids. While such enemas may keep the patient amused and at the same time give him a certain amount of water, salts and possibly sugar, in many cases the physician should recognize starvation as such.

The article on physiology is inadequate and naturally its teachings do not permeate the book as a leaven and inspiration. In spite of the work of Wohlgemuth and a score of others on diastase, we read on page 487 that, "normally trypsin and diastase are absent in the stools."

The X-ray is not given the prominence it merits, now that it is revolutionizing our methods of diagnosis and giving us a new physiology. We were inclined to admit his contention that it is expensive and that it must be used by experts, until we found exploratory laparotomy advocated in lieu of accurate diagnosis, and that without mention of expense and danger.

When we see so little space given to the important things, we are jealous of the fifty-three pages on amebic dysentery, typhoid and Brills disease, and the thirty-five pages on intestinal parasites. As evidence of the poor apportionment of space in the book, we mention the fact that on page 443, that bug-a-boo of the stomach specialist, heart-burn, is given eight lines; and flatulence gets two and one-half pages.

The references are often very gossipy and many of them have no place in the book. For instance, on page 545, we read: "Kirchendall states to Morris that Stockton of Buffalo has for years asserted that the colon bacillus was the cause of many cases of choroiditis!" On page 459, he says that in arthritis deformans, he found hyperchlorhydria in one case, and Einhorn found achylia in one case. Under the circumstances, we think we would delay our report on the subject.

We believe that if the author in a subsequent edition will go through the book and blue pencil these things, re-arrange the material and accentuate his own observations, it will be a most valuable work.

W. C. A.

Muscle Spasm and Degeneration in Intra-Thoracic Inflammations and Light Touch Palpation. By Francis Marion Pottenger, M. D. C. V. Mosby, publisher, Metropolitan Bldg., St. Louis, Mo. Price, \$2.00.

The monograph possessing this comprehensive title consists of about 100 pages of text and is, as